

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11110 11

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital of institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital of institution 10 Days
(Specify whether
In this community 18 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Michael John Burens

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Anna Burens 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased April 10 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 22 hr. min.

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Cooper

11. Industry or business Retired

12. Name Nicholas J. Burens
13. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Miller
15. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Burens
(b) Address 4435 Park Ave
17. (a) Burial (b) Date thereof Jan. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director C. H. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.
19. (a) Jan 3 1942 (b) M. J. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4435 Park Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 29, 1941, to Jan 2, 1942
that I last saw him alive on Jan 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
Due to Chronic Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature George L. Brown (M. D. or other)
Address Kansas City, Mo Date signed 1/3/42

1107 Infant Body
2-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed W. M. Simpson
Licensed Embalmer No. 3965
P. O. Address 26 C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.